

MCLANE
MIDDLETON

THOMAS B. GETZ
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Admitted in NH
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Concord, NH 03301
T 603.226.0400
F 603.230.4448

Via Electronic Mail and Hand Delivery

HPUC MAR29'16 PM 4:29

March 29, 2016

Ms. Debra A. Howland, Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

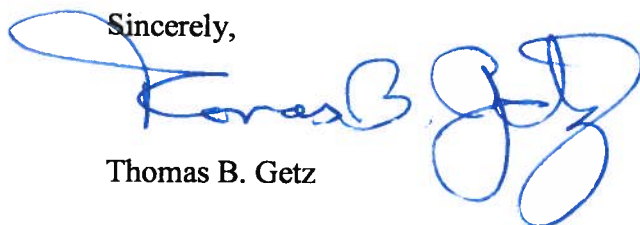
**Re: Docket DE 15-462: Public Service Company of New Hampshire d/b/a Eversource
Energy – Petition to Cross Public Waters**

Dear Ms. Howland:

Enclosed for filing in the above-referenced docket, please find, pursuant to the Order of Notice issued on March 10, 2016, an original and six copies of an Affidavit of Notice.

Please contact me directly should you have any questions.

Sincerely,



Thomas B. Getz

TBG:slb
Enclosure

cc: Service List

**THE STATE OF NEW HAMPSHIRE
PUBLIC UTILITIES COMMISSION**

DE 15-462

**PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
D/B/A EVERSOURCE ENERGY**

Petition to Cross Public Waters

AFFIDAVIT OF NOTICE

I, Thomas Getz, being duly sworn, do under oath depose and state as follows:

1. I am an Attorney at McLane Middleton, Professional Association, which represents Northern Pass Transmission LLC (“NPT”), which is a joint applicant with Public Service Company of New Hampshire, d/b/a Eversource Energy in New Hampshire Site Evaluation Committee Docket No. 2016-15 that led to the filing for the above-captioned matter.

2. Eversource Energy (“Eversource”) filed a request for license to construct and maintain electric lines at fifteen locations over and across public waters. Eversource currently maintains nine 115 kV and two 34.5 kV electric lines constituting part of its electric system, which cross over certain public waters in the towns of Bridgewater, Bristol, Dalton, Deerfield, Hill, Lancaster, New Hampton, Northfield, Pembroke and Stark, and in the cities of Concord and Franklin, New Hampshire.

3. By Order dated March 10, 2016, Eversource was directed to notify 1) the New Hampshire Attorney General, 2) each town where the crossings will be constructed, and 3) all owners of lands within 100 feet of either side of the crossing on the affected state waters by causing a copy of the Order of Notice to be to be mailed via United States Certified Mail, return receipt requested, no later than March 21, 2016.

4. The Order requires that an affidavit be provided, no later than March 30, 2016, listing the names and addresses of the persons to whom notice was sent, along with copies of the return receipts.

5. Attached hereto as Exhibit A is a list of the names and addresses of the persons to whom notice was sent, along with copies of the return receipts received to date.

FURTHER THE AFFIANT SAYETH NOT.

3-29-16
Date

Thomas B. Getz
Thomas B. Getz

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

Personally appeared before me this 29th day of March, 2016, the above-described Thomas Getz, and made oath that the statements contained in the within Affidavit are true and accurate to the best of his knowledge and belief.

Stacey L. Burgess
Notary Public/Justice of the Peace
My Commission Expires: _____



EXHIBIT A
(DE 15-462)

Town Clerk
Town of Stark
1189 Stark Highway
Stark, NH 03582

City of Concord
41 Green Street
Concord, NH 03301

Town Clerk
Town of Lancaster
25 Main Street
Lancaster, NH 03584

Town Clerk
Pembroke Town Office
311 Pembroke Street
Pembroke, NH 03275

Town Clerk
Town of Dalton
756 Dalton Road
Dalton, NH 03598

Town Clerk
Deerfield Town Office
PO Box 159
Deerfield, NH 03037

Town Clerk
Bridgewater Town Office
297 Mayhew Turnpike
Bristol, NH 03222

NH DES Wetlands Bureau
c/o Darlene Forst
PO Box 95
29 Hazen Drive
Concord, NH 03302-0095

Town Clerk
New Hampton Town Office
6 Pinnacle Hill Road
New Hampton, NH 03256

Otto Herrmann Jr.
Deborah Herrmann
10454 Whittaker Road
Holland Park, NY 13354

Town Clerk
Hill Town Office
PO Box 236
Hill, NH 03243

Glenn Lunn
Ronald Lunn
Lunn Road
Stark, NH 03582

Town Clerk
Bristol Town Office
230 Lake Street
Bristol, NH 03222

Jonathan Quay
Joy Quay
245 North Road
Lancaster, NH 03584

Franklin City Clerk
316 Central Street
Franklin, NH 03235

John E. Tolman
275 North Road
Lancaster, NH 03584

Town Clerk
Northfield Town Office
21 Summer Street
Northfield, NH 03276

Bruce Savage
Robin Savage
290 North Road
Lancaster, NH 03584

Larry D. Rexford
Kathy E. Rexford
183 Colby Street
Whitefield, NH 03598

Ronald E. Towne
Beatrice Towne
3252 River Road
Plymouth, NH 02364

Lawrence E. Gilpatric
3451 River Road
Plymouth, NH 03264

Alister Shanks, Operations Project Mgr.
c/o US Army Corps of Engineers
2097 Maple Street
Contoocook, NH 03229

Leigh S. Garneau-Thompson
PO Box 272
Franklin, NH 03235

Joseph A. Garneau
Mary A. Cohen
PO Box 24
Franklin, NH 03235

Elaine Rogers
302 Chance Pond Road
Franklin, NH 03235

Judith A. Davis Trustee
Davis 2007 Revocable Trust
196 Lake Shore Drive
Franklin, NH 03235

Charles Schmidt
Right-of-Way Bureau Administrator
State of New Hampshire
PO Box 483
Concord, NH 03301

James P. Moran
70 Elm Street
Charlestown, MA 02129

Kevin Perron
86 Oak Hill Road
Concord, NH 03301

Jeffrey Schneider
Christine Schneider
33 Jennifer Drive
Concord, NH 03301

Jennifer B. Dusavitch
53 Appleton Street
Concord, NH 03301

Joseph J. Fitzgerald
Raina J. Eckhardt
89 Appleton Street
Concord, NH 03301

Ronald E. Mahoney
Martha Mahoney
203 Sheep Davis Road
Concord, NH 03301

David Mikolaities, Lt. Col.
Adjutant General's Dept. Attn: FMO
1 Minuteman Way
Concord, NH 03301

David A. Dias
417 South Main Street, Apt. 106
Memphis, TN 38103

Attorney General Joseph Foster
Department of Justice
33 Capitol Street
Concord, NH 03301

A B Aggregates, LLC
653 Main Street
Lancaster, NH 03584

Christopher Allwarden, Esq.
PSNH
PO Box 330
Manchester, NH 03104-1134

The John P. Morrison Sr. 2003 Trust
255 Pemigewasset Shores Road
Bristol, NH 03222

Pembroke Water Works
346 Pembroke Street
Pembroke, NH 03275

JCR Construction Co.
181 Route 27
Raymond, NH 03077

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OFFICIAL USE

7015 1660 0001 0654 7342

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total P \$ _____

Sent To \$ _____

Street: **Town of Stark**

City, St: **1189 Stark Highway**
Stark, NH 03582

Postmark Here: **STARK NH 18 2 16**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Town Clerk
Town of Stark
1189 Stark Highway
Stark, NH 03582



9590 9403 0125 5077 1274 64

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7342

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Sue Croteau** Agent Addressee

B. Received by (Printed Name) **SUE CROTEAU** C. Date of Delivery **5/23/16**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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Certified Mail Fee

\$

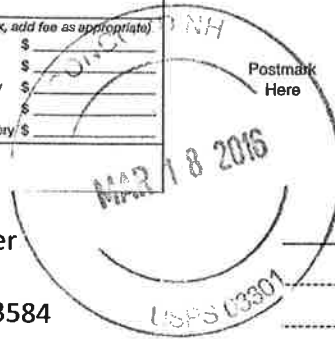
Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Town Clerk
Town of Lancaster
25 Main Street
Lancaster, NH 03584



Postmark Here

for instructions

2499 4590 T000 0654 6642
7015 1660 0001 0654 6642

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN CLERK
Town of Lancaster
25 Main Street
Lancaster, NH 03584

Town Clerk



9590 9403 0125 5077 1400 12

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6642

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Michael Nadeau

- Agent
- Addressee

B. Received by (Printed Name)

MICHAEL NADEAU

C. Date of Delivery

3/21

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery ()

Domestic Return Receipt

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5999 4590 T000 099T 5100
 015 1660 0001 0654 6635

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Town Clerk Town of Dalton 756 Dalton Road Dalton, NH 03598	
Town Clerk or Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Town Clerk
 Town of Dalton
 756 Dalton Road
 Dalton, NH 03598



9590 9403 0125 5077 1275 01

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6635

COMPLETE THIS SECTION ON DELIVERY

A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) LH JORDAN	C. Date of Delivery 3/21/16
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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7015 1660 0001 0654 5775

Certified Mail Fee

\$

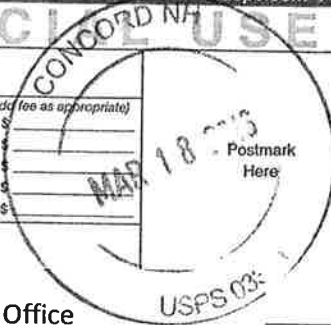
Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy)
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery \$

Postage

\$

Town Clerk
 Bridgewater Town Office
 297 Mayhew Turnpike
 Bristol, NH 03222



or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TOWN CLERK
 Bridgewater Town Office
 297 Mayhew Turnpike
 Bristol, NH 03222

Town Clerk



9590 9403 0125 5077 1401 73

2. Article Number (Transfer from service label)

7015 1660 0001 0654 5775

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kate Cooper*

- Agent
- Addressee

B. Received by (Printed Name)

K. Crickus

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

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7015 1660 0001 0654 7261

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Total P_c New Hampton Town Office

\$

Sent To 6 Pinnacle Hill Road

Street a New Hampton, NH 03256

City, St

Franklin City Clerk

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Postmark Here
 MAR 18 2016
 USPS 03301

Town Clerk
 Hill Town Office
 PO Box 236
 Hill, NH 03243

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7274

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. **Item Description**
 Town Clerk
 Hill Town Office
 PO Box 236
 Hill, NH 03243



9590 9403 0125 5077 1404 18

2. **Article Number (Transfer from service label)**
 7015 1660 0001 0654 7274

COMPLETE THIS SECTION ON DELIVERY

A. **Signature** Agent Addressee
 X Martha F. Kuplin

B. **Received by (Printed Name)** Yes No
 MARTHA F. KUPLIN

C. **Date of Delivery**
 3-24-16

D. **Is delivery address different from item 1?** Yes No
 If YES, enter delivery address below:

3. **Service Type**
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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OFFICIAL USE

7015 1660 0001 0654 5782

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here

USPS 03301

Postage

\$

Town Clerk
Bristol Town Office
230 Lake Street
Bristol, NH 03222

For Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Town Clerk
Bristol Town Office
230 Lake Street
Bristol, NH 03222



9590 9403 0125 5077 1401 66

2. Article Number (Transfer from service label)

7015 1660 0001 0654 5782

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Kaymah Simpson

C. Date of Delivery

3/2/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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7015 1660 0001 0654 7335

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage \$ _____

Sent To: Franklin City Clerk
 316 Central Street
 Franklin, NH 03235

Street and Apt. _____

City, State, Z _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Franklin City Clerk
 316 Central Street
 Franklin, NH 03235



9590 9403 0125 5077 1404 70

2. Article Number (Transfer from service label)
 7015 1660 0001 0654 7335

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
 3/21/16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

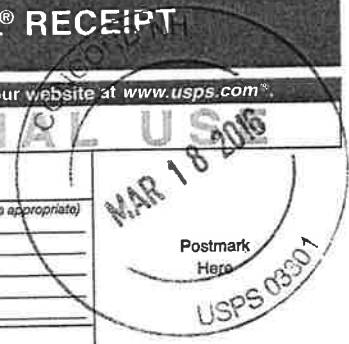
PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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For delivery information, visit our website at www.usps.com®.

7015 1660 0001 0654 7298

OFFICIAL U.S. MAIL		
Certified Mail Fee \$ _____		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____		
<input type="checkbox"/> Return Receipt (electronic) \$ _____		
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____		
<input type="checkbox"/> Adult Signature Required \$ _____		
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____		
Postage		
\$ _____	Town Clerk	
Total	Northfield Town Office	
\$ _____	21 Summer Street	
Street	Northfield, NH 03276	
City		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TOWN CLERK
 Northfield Town Office
 21 Summer Street
 Northfield, NH 03276

Town Clerk

 9590 9403 0125 5077 1404 32

2. Article Number (Transfer from service label)
 7015 1660 0001 0654 7298

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cindy L. Caveney Agent Addressee

B. Received by (Printed Name) *Cindy Caveney* Addressee

C. Date of Delivery *03-21-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$ _____

Total

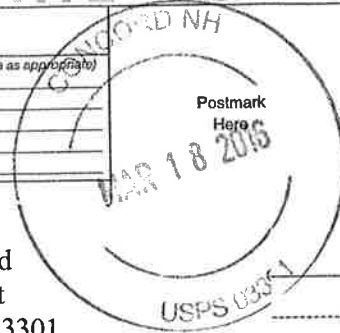
\$ _____

Sent

Street

City

City of Concord
41 Green Street
Concord, NH 03301



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1660 0001 0654 7311

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Concord
41 Green Street
Concord, NH 03301



9590 9403 0125 5077 1404 56

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7311

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jaimie L. Frappier

Agent

Addressee

B. Received by (Printed Name)

Jaimie L. Frappier

C. Date of Delivery

3/21/16

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7015 1660 0001 0654 7304

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Town Clerk
Pembroke Town Office

\$

Total Pk
311 Pembroke Street SPS 03301

\$

Sent To
Pembroke, NH 03275

Street #

City, St.

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Town Clerk

Pembroke Town Office
311 Pembroke Street
Pembroke, NH 03275



9590 9403 0125 5077 1404 49

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7304

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3/12/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

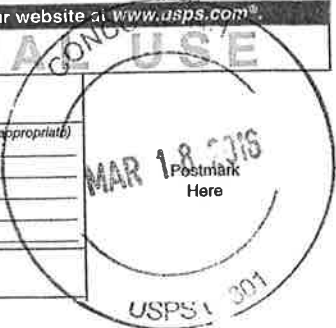
Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee
 \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage
 \$ _____
 Town Clerk
 Deerfield Town Office
 PO Box 159
 Deerfield, NH 03037

For Instructions

7015 1660 0001 0654 5799

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Kevin Baney</i></p> <p>C. Date of Delivery <i>3/19/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to: Town Clerk Deerfield Town Office PO Box 159 Deerfield, NH 03037</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> First-Class Mail®</td> <td></td> </tr> <tr> <td><input type="checkbox"/> First-Class Mail Restricted Delivery (500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> First-Class Mail®		<input type="checkbox"/> First-Class Mail Restricted Delivery (500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> First-Class Mail®																	
<input type="checkbox"/> First-Class Mail Restricted Delivery (500)																	
<p>2. Article Number (Transfer from service label) 7015 1660 0001 0654 5799</p>																	



9590 9403 0125 5077 1401 59

7015 1660 0001 0654 5829

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OFFICIAL USE

Certified Mail Fee

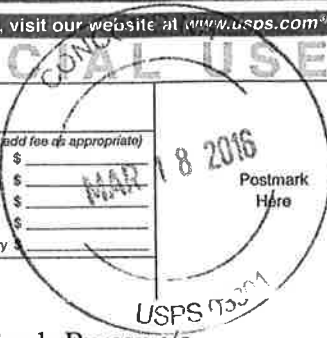
\$

Extra Services & Fees (check box, add fee if appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$



NH DES Wetlands Bureau c/o
 Darlene Forst
 PO Box 95; 29 Hazen Drive
 Concord, NH 03302-0095

See reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NH DES Wetlands Bureau c/o
 Darlene Forst
 PO Box 95; 29 Hazen Drive
 Concord, NH 03302-0095



9590 9403 0125 5077 1401 28

2. Article Number (Transfer from service label)

7015 1660 0001 0654 5829

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Darlene Forst

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

MAR 21 2016

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (0)

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OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$
 - Return Receipt (electronic) \$
 - Certified Mail Restricted Delivery \$
 - Adult Signature Required \$
 - Adult Signature Restricted Delivery \$

Postage

\$

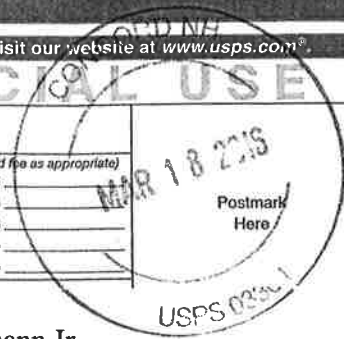
Total

\$ Sent

Street

City, State

Otto Herrmann Jr.
Deborah Herrmann
10454 Whittaker Road
Holland Park, NY 13354



7015 1660 0001 0654 7243

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Otto Herrmann Jr.
Deborah Herrmann
10454 Whittaker Road
Holland Park, NY 13354



9590 9403 0125 5077 1403 88

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7243

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Otto Herrmann Jr.*

- Agent
- Addressee

B. Received by (Printed Name)

O. Herrmann

C. Date of Delivery

3/2/16

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

7015 1660 0001 0654 7250

Certified Mail Fee \$ _____
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage \$ _____
Total \$ _____
Sent _____
Street _____
City _____

Glenn Lunn
Ronald Lunn
Lunn Road
Stark, NH 03582

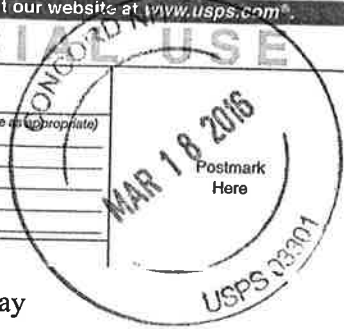
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OFFICIAL USE

7267 0654 0001 1660 7015

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage \$

Total Pk \$

Sent To \$

Street #

City, St

Jonathan Quay
 Joy Quay
 245 North Road
 Lancaster, NH 03584

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jonathan Quay
 Joy Quay
 245 North Road
 Lancaster, NH 03584



9590 9403 0125 5077 1404 01

2. Article Number (Transfer from entire label)

7015 1660 0001 0654 7267

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jonathan Quay

- Agent
- Addressee

B. Received by (Printed Name)

JONATHAN QUAY

C. Date of Delivery

3/21/16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here

John E. Tolman
 275 North Road
 Lancaster, NH 03584

7015 1660 0001 0654 5805

APR 18 2015
 USPS 02301

For Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> John E. Tolman <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: John E. Tolman 275 North Road Lancaster, NH 03584	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery John Tolman 3/21/16
2. Article Number (Transfer from service label) 7015 1660 0001 0654 5805	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hard copy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

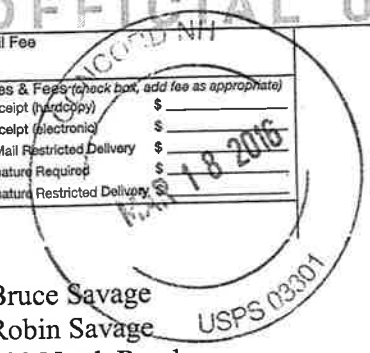
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Bruce Savage
 Robin Savage
 290 North Road
 Lancaster, NH 03584

7015 1660 0001 0654 5812



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bruce Savage
 Robin Savage
 290 North Road
 Lancaster, NH 03584



9590 9403 0125 5077 1401 35

2. Article Number (Transfer from service label)
 7015 1660 0001 0654 5812

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

Bruce Savage 3/21/16

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Larry D. Rexford
Kathy E. Rexford
183 Colby Street
Whitefield, NH 03598

for Instructions

7015 1660 0001 0654 5836



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Larry D. Rexford
Kathy E. Rexford
183 Colby Street
Whitefield, NH 03598



9590 9403 0125 5077 1401 04

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6543

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Beata's Rexford* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-19

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7015 1660 0001 0654 6543

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees *(check box, add fee as appropriate)*

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here

USPS 0530

Ronald E. Towne
 Beatrice Towne
 3252 River Road
 Plymouth, NH 03264

See Reverse for Instructions

**U.S. Postal Service™
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Certified Mail Fee

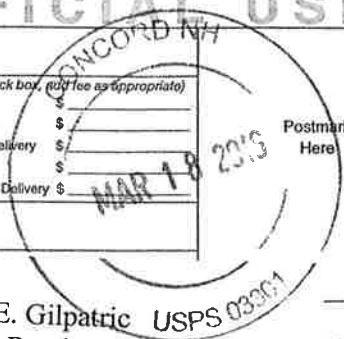
\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$



Postmark Here

Lawrence E. Gilpatric
3451 River Road
Plymouth, NH 03264

or Instructions

7015 1660 0001 0654 6550

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lawrence E. Gilpatric
3451 River Road
Plymouth, NH 03264



9590 9403 0125 5077 1400 98

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6550

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lawrence E. Gilpatric* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-19

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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OFFICIAL USE

7015 1660 0001 0654 6673

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Alister Shanks, Operations Project Mgr c/o US Army Corps of Engineers 2097 Maple street Contoocook, NH 03229	
for instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Kristine Blanchette</i></p> <p>B. Received by (Printed Name) <i>Kristine Blanchette</i> C. Date of Delivery <i>MAR 23 2016</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>1. Article Addressed to: Alister Shanks, Operations Project Mgr c/o US Army Corps of Engineers 2097 Maple street Contoocook, NH 03229</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>2. Article Number (Transfer from service label) 7015 1660 0001 0654 6673</p>																	



9590 9403 0125 5077 1274 26

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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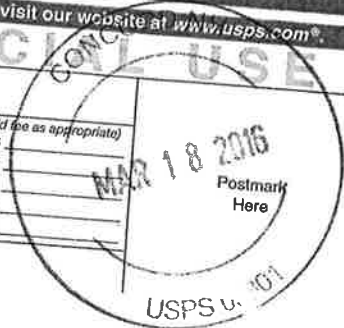
Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Leigh S. Garneau-Thompson
 PO Box 272
 Franklin, NH 03235



7015 1660 0001 0654 6574

See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leigh S. Garneau-Thompson
 PO Box 272
 Franklin, NH 03235



9590 9403 0125 5077 1400 74

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6574

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David M. Liberto*

B. Received by (Printed Name)

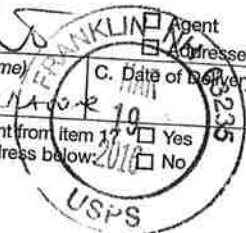
DAVID M. LIBERTO

C. Date of Delivery

MAR 19 2016

D. Is delivery address different from item 1? If YES, enter delivery address below.

Yes
 No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

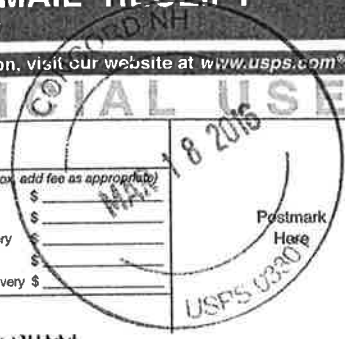
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7015 1660 0001 0654 6581

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$



Joseph A. Garneau
 Mary A. Cohen
 PO Box 24
 Franklin, NH 03235

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joseph A. Garneau
 Mary A. Cohen
 PO Box 24
 Franklin, NH 03235



9590 9403 0125 5077 1400 67

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6581

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 J.A. Garneau 3/19/16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7015 1660 0001 0654 6598

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$ _____

Postmark
Here

Elaine Rogers
302 Chance Pond Road
Franklin, NH 03235

For Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elaine Rogers
302 Chance Pond Road
Franklin, NH 03235



9590 9403 0125 5077 1400 50

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6598

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Elaine Rogers

C. Date of Delivery

3-19

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
 No

3. Service Type

- Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Mail Restricted Delivery ()

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7015 1660 0001 0654 6604

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fees as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Judith A. Davis Trustee
Davis 2007 Revocable Trust
196 Lake Shore Drive
Franklin, NH 03235

Postmark Here

USPS 3301

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Judith A. Davis Trustee
Davis 2007 Revocable Trust
196 Lake Shore Drive
Franklin, NH 03235



9590 9403 0125 5077 1400 43

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6604

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery 3/20/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Charles Schmidt
 Right-of-Way Bureau
 Administrator
 State of New Hampshire
 PO Box 483
 Concord, NH 03301



for instructions

7015 1660 0001 0654 6611

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Charles Schmidt
 Right-of-Way Bureau
 Administrator
 State of New Hampshire
 PO Box 483
 Concord, NH 03301



9590 9403 0125 5077 1400 36

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michelle Troian Agent

Addressee

B. Received by (Printed Name)

M. Brown

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

Mail Restricted Delivery

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

7015 1660 0001 0654 6628

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee or fee amount)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here

James P. Moran
 70 Elm Street
 Charlestown, MA 02129 USPS 03301

CONCORD NH
 MAR 18 2015

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James P. Moran
 70 Elm Street
 Charlestown, MA 02129



9590 9403 0125 5077 1400 29

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6628

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 James P. Moran Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here

Postage

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Kevin Perron
 86 Oak Hill Road
 Concord, NH 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin Perron
 86 Oak Hill Road
 Concord, NH 03301



9590 9403 0125 5077 1402 27

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7076

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Kevin Perron

C. Date of Delivery

MAR 25 2016

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation†
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | | |
|--|----|-------|
| <input type="checkbox"/> Return Receipt (hard copy) | \$ | _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | _____ |
| <input type="checkbox"/> Adult Signature Required | \$ | _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | _____ |

Postage

\$

Total Postage

\$

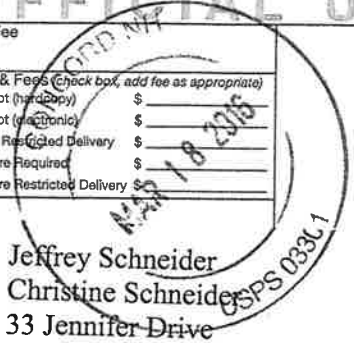
Sent To

Street or

City, Sta

Jeffrey Schneider
Christine Schneider
33 Jennifer Drive
Concord, NH 03301

Postmark
Here



7015 1660 0001 0654 7083

U.S. Postal Service™
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7015 1660 0001 0654 5669

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here

Jennifer B. Dusavitch
 53 Appleton Street
 Concord, NH 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jennifer B. Dusavitch
 53 Appleton Street
 Concord, NH 03301



9590 9403 0125 5077 1274 02

2. Article Number (Transfer from service label)

7015 1660 0001 0654 5669

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed *Jennifer B. Dusavitch*

B. Received by (Printed Name) _____

C. Date of Delivery *3-21-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - all Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

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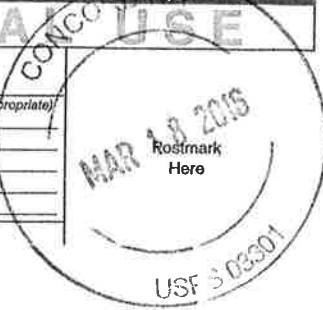
\$

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Joseph J. Fitzgerald
 Raina J. Eckhardt
 89 Appleton Street
 Concord, NH 03301



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1660 0001 0654 5720

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joseph J. Fitzgerald
 Raina J. Eckhardt
 89 Appleton Street
 Concord, NH 03301



9590 9403 0125 5077 1274 19

2. Article Number (Transfer from service label)

7015 1660 0001 0654 5720

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

JOSEPH J. FITZGERALD

C. Date of Delivery

3/21/16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 1660 0001 0654 5737

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here

USPS 03301

Ronald E. Mahoney
 Martha Mahoney
 203 Sheep Davis Road
 Concord, NH 03301

for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Ronald E. Mahoney</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 3-19-16</p>
<p>1. Article Addressed to:</p> <p>Ronald E. Mahoney Martha Mahoney 203 Sheep Davis Road Concord, NH 03301</p> <p> 9590 9403 0125 5077 1402 10</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1660 0001 0654 5737</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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Domestic Mail Only

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7015 1660 0001 0654 6666

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

David Mikolaities, Lt. Col
Adjutant General's Dept. Attn: FMO
1 Minuteman Way
Concord, NH 03301

Postmark Here

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
David Mikolaities, Lt. Col
Adjutant General's Dept. Attn: FMO
1 Minuteman Way
Concord, NH 03301



9590 9403 0125 5077 1274 33

2. Article Number (Transfer from service label)

7015 1660 0001 0654 6666

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Gen L Butcher*

B. Received by (Printed Name) *Gen Butcher*

C. Date of Delivery *21 MAR 16*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Return Receipt for Merchandise
- Collect on Delivery Signature Confirmation™
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
- Mail Restricted Delivery (D)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

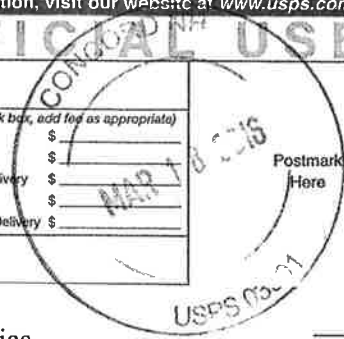
\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$



David A. Dias
417 South Main Street, Apt. 106
Memphis, TN 38103

or Instructions

7015 1660 0001 0654 5768

7015 1660 0001 0654 7328

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Sent to: **Attorney General Joseph Foster**
Department of Justice
33 Capitol Street
Concord, NH 03301

City: **Alister Shanks, Operations Project Manager**

USPS 03301

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Steve Goin</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>MAR 21 2016</p>
<p>1. Article Addressed to:</p> <p>Attorney General Joseph Foster Department of Justice 33 Capitol Street Concord, NH 03301</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1660 0001 0654 7328</p>	<p>stricted Delivery</p>



7015 1660 0001 0654 7236

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Sent \$ _____

Street _____

City, _____

Postmark Here: **MAR 18 2015**
 USPS 0330

A B Aggregates, LLC.
 653 Main Street
 Lancaster, NH 03584


PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A B Aggregates, LLC.
 653 Main Street
 Lancaster, NH 03584


 9590 9403 0125 5077 1403 71

2. Article Number (Transfer from service label)
 7015 1660 0001 0654 7236

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 M. Matson Agent
 Addressee

B. Received by (Printed Name) *M. Matson*

C. Date of Delivery *3/21/16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

7015 1660 0001 0654 7403

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Christopher Allwarden, Esq.
PSNH
PO Box 330
Manchester, NH 03104-1134

Postmark Here
MAR 18 2015
USPS 03501

SEE REVERSE FOR INSTRUCTIONS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Christopher Allwarden, Esq.
PSNH
PO Box 330
Manchester, NH 03104-1134



9590 9403 0125 5077 1273 65

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7403

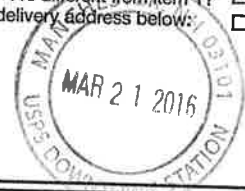
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ken McK...* Agent
 Addressee

B. Received by (Printed Name)
Ken McK...

C. Date of Delivery
03/21/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

7015 1660 0001 0654 6567

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

The John P. Morrison Sr. 2003 Trust
 255 Pemigewasset Shores Road
 Bristol, NH 03222

Postmark Here
 MAR 18 2015
 US 03222

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The John P. Morrison Sr. 2003 Trust
 255 Pemigewasset Shores Road
 Bristol, NH 03222



9590 9403 0125 5077 1400 81

2. Article Number (Transfer from service label)
 7015 1660 0001 0654 6567

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *John Morrison* Agent Addressee

B. Received by (Printed Name)
 JOHN MORRISON

C. Date of Delivery
 3/19

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

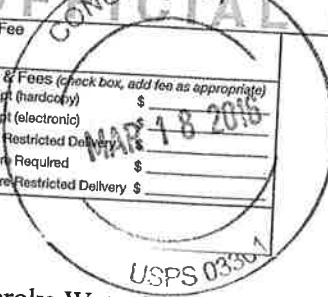
\$

Pembroke Water Works
346 Pembroke St
Pembroke, NH 03275

Postmark
Here

for Instructions

7015 1660 0001 0654 5744



7015 1660 0001 0654 5751

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

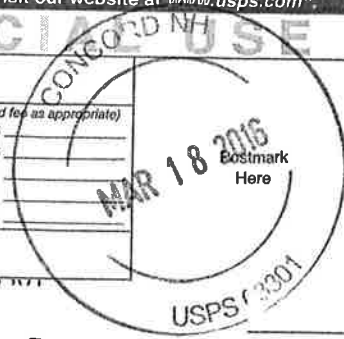
OFFICIAL USE

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$



JCR Construction Co.
181 Route 27
Raymond, NH 03077

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JCR Construction Co.
181 Route 27
Raymond, NH 03077



9590 9403 0125 5077 1401 97

2. Article Number (Transfer from service label)

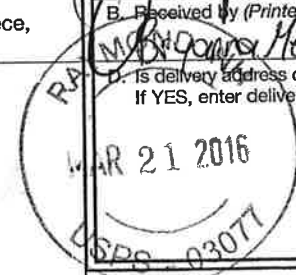
7015 1660 0001 0654 5751

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Buyanna Mercier

B. Received by (Printed Name) C. Date of Delivery
Buyanna Mercier 3/21/16

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery | |